Docket No.: 128006

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: **PERCUTANEOUS ABSORPTION TYPE CEREBRAL PROTECTIVE**AGENT

described and claimed in international application number PCT/JP2003/014362 filed November 12, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor:		Jun		MORI		
	•		Given Name	Middle Initial	Family Name		
2	luventor's Signature:		_ · Jun		Mori		
3	Date of Signature:		April	27	2006		
			Month	.Day	Year		
	Residence:		Toyama-shi	Toyama	Japan		
	Citizenship:	Japanese	City	State or Province	Country		
	Post Office Address: (Insert complete mailing address, including country)			c/o LEAD CHEMICAL CO., LTD., 77-3, Himata, Toyama-shi,			
			T .	930-0912, Japan			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

(Discard this page in a sole inventor application)

1 Typewritten I of Joint Inver		Tamaki	•			
0) JOHN 1117C		Given Name	Middle Initial	HORIUCHI		
2 Inventor's Si	ensture:	Tamaki		Family Name		
	Date of Signature:		27			
	_	April Month	Day	2006 Year		
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. Typewritten F	uli Name					
of Joint Inven	tor:	Seijiro		YAMA		
		Given Name	Middle Initial	Family Name		
Inventor's Sig	mature:	Seijin	Yama			
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oj souu Inven	_	Shingo Given Name	Middle Initial	SHIMADA		
•				Family Name		
Inventor's Sign	asture:	Stringo	Shimada			
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	address, including con		Тоуата 930-0912, Јаран			

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This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

(Discard this page in a sole inventor application)

1	Typewritten Full Nan of Joint Inventor:	78	Hitomi	•		
	y fund infilial.		Given Name	Middle Initial	HASHITANI	
2	Inventor's Signature	•	Hitomi	Hashitani	Family Name	
3	Date of Signature:		April		2006	
9	Date of Signature:		Month	27 Day	2006	
	Residence: Toyama-si		-shi	Toyama	Year Јаран	
	Citizenship:	Japanese C	ity	State or Province	Country	
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			Given Name	Middle Initial	Family Name	
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			liven Name	Middle Initial	Family Name	
	Inventor's Signature:					
	Date of Signature:					
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	Citizenship:	City	,	State or Province	Country .	
	(Insert ca	ice Address: complete mailing including country)				

on line 3.

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